

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 193  
Registered No. 74

**1. PLACE OF BIRTH**

County Gila State Ariz.  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby murr { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Apr. 27, 1929  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

8. FATHER  
Full name Carl murr  
9. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Elizabeth La.  
(State or country)

13. Occupation Barber  
Nature of industry

14. MOTHER  
Full maiden name Pearl Mayers  
15. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.

16. Color or race white 17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Rosario New Mex.  
(State or country)

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 9 (a) Born alive and now living 9  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0  
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Stillborn at 10:00 A.M. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature T.C. Harper  
(Physician or Midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Arizona

Month, day, year \_\_\_\_\_ Filed 5/8 1929 G.E. Lightner  
Registrar Registrar

049-427-747

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

MADE EXACTLY WITH UNFADING INK—THIS IS A PERMANENT RECORD